BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

B-4244 618939-9

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
			(Column 1)		(Column 2)			TYPE -		OR	SMALL	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	l	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		•			X\$ 9=		QR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•		l 1	X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
• if	the difference	in column 1 is	iess than zero, enter "0" i			column 2	L	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II								1			OTHER	
<u> </u>	128105	(Column 1)	[(Colur	nn 2)	(Column 3)	<u> </u>	SMALL E	NTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 13	Minus	2	9	= /		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	ENDENT	<u>人</u> .	= /	1 [X40=	·	OR	X80=	
	FINOTFRESE	NIATION OF MC	CHPLE DEF	CIADEIAI	CLAIIVI		, [+135=		OR	+270=	
	·'							TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		DOIL I CE E			NOUN. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	1 t	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDEN	CLAIM		┙┟	+135=			+270=	
							L	TOTAL		OR	TOTAL	
				•			A	DOIT. FEE		OR	ADDIT. FEE	
	er i en generalige eget, en ersker	(Column 1) CLAIMS	10 1 Page 1	(Colur		(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus .	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=]	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┧ ├	-		OR	7.000	
+135=										OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***ADDIT. FEE										OR	TOTAL ADDIT, FEE	
•	ir the "Highest Nui The "Highest Num	mber Previously Paid ber Previously Paid	iio For" IN THI: d For" (Total or	S SPACE is Independe	s less tha ent) is the	n 3, enter "3." highest numb		_	ropriate box			